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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

Patent No.

7,233,970

Issued:

June 19, 2007

**Inventor:** 

North, Greg et al.

It is hereby certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On the cover sheet, (73) Assignee, please delete "Cipher Corporation Limited" and insert therefore -- nCipher Corporation Limited -- .

Support for this correction can be found on the Part B Fee Transmittal, a copy of which is enclosed herewith for reference.

Certificate

Respectfully submitted,

FORTKORT & HOUSTON P.C.

JUL 0 3 2007

of Correction

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PATENT NO. <u>7,233,970</u>

Dated: June 23, 2007

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INSTRUCTIONS This form a convenience All other corresponding to the corresponding of the corr	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885  CATION FEE (if required). Blocks 1 through 5 should be completed where of maintenance fees will be mailed to the current correspondence address as correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.										
AUSTIN, TX 78759				Keina R. Bernfeld (Depositor's susme)							
	Keina R. Berafild (Semino)										
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DO		OCKET NO.	CONFIRMATION NO.			
10/078,252	02/16/2002			Greg North				LYRN006US0 3245			
TITLE OF INVENTION: COMPUTATIONAL METHOD, SYSTEM, AND APPARATUS											
APPLN. TYPE SM.	ALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JUE PREV. PAID I	SSUE FEE	TOTA	L FEE(S) DUE		DATE DUE		
nonprovisional	YES	\$700	\$300	\$0	)		\$1000		05/14/2007 .		
EXAMINER		ART UNIT	CLASS-SUBCLASS								
NGO, CHUONG D 2193 708-491000  1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list									<del></del>		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  SHOPHAM, Massa Chusetts											
Please check the appropriate ass	ignee category or cat	egories (will not be pr	inted on the patent):	☐ Individual 5	Corporat	ion er ot	ber private gr	oup entit	y Government		
4a. The following fec(s) are sub- Section fee Publication Fee (No small Advance Order - # of Co	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number										
5. Change in Entity Status (fro a. Applicant claims SMA			O b. Applicant is n	_ 1	MALL EN		S 37 C	ED 1 27/	(-)(M)		
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Authorized Signature  Typed or printed name	of helping state	or+kar+	Office.	Date	Ma	y 9 138	, 200°	7			
This collection of information is an application. Confidentiality is submitting the completed applic this form and/or suggestions for Box 1450, Alexandria, Virginia Alexandria, Virginia 22313-145 Under the Paperwork Reduction	v.										

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

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